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AN INTERACTIONIST APPROACH TO THE FAMILY
OF THE SUICIDAL ADOLESCENT

by

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A THESIS

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled An Interactionist Approach to the Family of the Suicidal Adolescent submitted by Judith Beryl Dumont in partial fulfillment of the requirements for the degree of Master of Education in Counselling Psychology.

DEDICATION

To my parents, my husband, and my little boys for their unfailing love and support.

ABSTRACT

Suicide is an increasingly significant cause
of death among adolescents. What is known of the
nature of the families of suicidal adolescents are
only impressions garnered from basically demographic
studies. The interactionist approach, which has
yielded a wealth of information concerning the nature
of schizophrenic and anorectic families, has not been
applied to suicidal families. The purpose of this
study was to develop a conceptual model, from an
interactionist perspective, of the suicidal family
and to explore that model using an abbreviated and
revised version of the Family Task developed by
Minuchin and his associates during their studies of
delinquent and anorectic families. Since
schizophrenia and anorexia nervosa, like suicide, are
behavioral disorders common among adolescents, this
study reviewed the relevant interactionist literature
in those areas in the belief that there are important
similarities as well as possible differences among
all three families. Four volunteer families, two
which previously contained a suicidal adolescent and
two which did not, participated in this study.

The four videotaped Family Sessions were observed by
the author and two independent raters who evaluated
the families' interactions as they would have in a
therapeutic situation. The results of their
evaluations suggested the presence of such
characteristics in suicidal families as joylessness
or, alternatively, a pretended joy, and lack of
attention and response to each other's expressions of
emotion. It was concluded that the conceptual model
of the suicidal family, advanced in this study and
explored by the use of the Family Task, had the
capacity for further development.

ACKNOWLEDGEMENTS

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Chapter 1: Introduction

The point that I wish to emphasize is that
inappropriate patterns exist during
incipience and sometimes they are corrected
and sometimes they are not. In the latter,
a stressor will eventually introduce another
stage of the crisis process...for the
uncorrected and inappropriate pattern is the
crux of family crisis.

Jason Montgomery

It has been estimated that more than 100,000
Canadian adolescents will attempt suicide in 1983
(Cochrane, 1980). Scepticism is justified in the
interpretation of these statistics. Self-Murder, the
synonym for suicide coined by Abbe Desfontaines in
1737, has proven to this day to be a thorny concept
to define. Haim (1974) discusses at length the
challenges inherent in creating a construct which
rests, in turn, on such other controversial concepts
as rationality and volition. Where there is no

agreed-upon definition of an event, it is reasonable
to question whether the frequency of its occurrence
can be accurately calculated (Faberow & Shneidman,
1961). There is as well the often-cited tendency of
physicians, policemen, and coroners to shield the
reputation of the suicide victim's family
(Shneidman & Faberow, 1957; Shneidman, 1973). As a
result, the number of deaths resulting from
adolescent suicides is chronically under-reported.
Despite the unreliability of these statistics, the
high rate of adolescent suicide attempts is a very
real concern for families, mental health
professionals, and ultimately, us all.

Historically, the adolescent has been
examined and treated as an individual person distinct
from his family constellation. The vital influences
on his developing psyche have been traditionally
considered his to be emerging sexuality, his need for
acceptance by his peers, and his struggle to achieve
an independent identity (Coleman, 1974, 1980;
Friedenberg, 1960; Matteson, 1975; Mitchell, 1974,
1975). The family system has been regarded as the
backdrop before which the adolescent plays out his
personal drama.

This perceived isolation has been especially true of the suicidal adolescent so that what knowledge there is concerning his family interactions amounts to a collection of impressions by researchers involved in fundamentally demographic studies of adolescent suicide. The overall effect of these impressions is to paint a picture of the suicidal adolescent as the passive recipient of bad parenting. This view of the suicidal adolescent, as a victim whose bizarre behavior is symptomatic of disease, is the traditional, linear, psychiatric approach to behavior disorders.

Jackson (1977-b) termed the viewpoint of the family researchers at the Mental Research Institute in Palo Alto as "interaction-oriented" (p. 2) because of their conviction that "symptoms, defenses, character structure and personality can be seen in terms describing the individual's typical interactions which occur in response to a particular inter-personal context" (p. 2). Jackson was quick to point out that the interactionist approach to behavior disorders was unique; it was neither a development nor a refutation of the linear interpretation. The interactionist regards the

identified patient as an element in a disordered family system rather than as passive victim of forces beyond his conscious control.

The interactionist approach has been used in studies of the families of schizophrenic and anorectic adolescents. However, it has not been used to investigate the families of suicidal adolescents. If schizophrenic and anorectic behavior can be regarded as attempts to adapt to and thus survive in dysfunctional family systems, might not the same be true of suicidal behavior? Would an interactionist studying suicidal families (see Appendix 1 for an explanation of the use of this term) discover interactional patterns similar to those characteristically occurring in schizophrenic and anorectic families? Might there be interactions unique to the suicidal family and might such differences be more relevant than the similarities among all three families? Are the interactional patterns of suicidal families distinct from those of non-suicidal families? What could be the adaptive function of suicidal behavior within the family system? There are presently no answers to these interactionist-oriented questions.

The purpose of this study was to investigate suicidal families from an interactionist point of view using an abbreviated and revised version of the Family Task developed by Minuchin and his associates. The results and the discussions of those results are reported in chapters five and six, respectively, of this thesis.

Since the interactionist approach was developed through studying the interactional patterns characteristic of schizophrenic families, this study begins with a review of the relevant interactionist studies on schizophrenia. The interactionist approach has been further refined through a limited number of studies on the families of anorectics. These too are examined. The final part of the literature review is devoted to a discussion of the impressions of the suicidal family which emerge from the existing literature on suicide.

From the understanding thus gained of the basic interactionist approach as well as the apparent characteristics of suicidal families, a conceptual model of the suicidal family is offered at the conclusion of the literature review. The model suggests the nature of the interactions one would expect to find in a suicidal family.

There follows a discussion of the various interactionist approaches to family study, in particular the Family Task developed by Minuchin and his associates. It is this latter investigatory method which was chosen in this study to explore the conceptual model of the suicidal family. The results of that exploration form the concluding segment of this paper.

Chapter 2: Literature Review

To study family process _per se_ is
difficult enough; to try to uncover the
origins of pathology becomes part
science and part crystal ball.

D.D. Jackson

Part 1: The Interactionist Approach to the Schizophrenic Family

An interactionist regards the family system
as distinct from and more powerful than the family
members which compose it. Through a complex
combination of checks and balances, the system
struggles constantly to maintain its equilibrium or
homeostasis. This tendency of all family systems to
retain the old and resist the new is especially
pronounced in dysfunctional families, which are more
rigid in their patterns of interaction, less open to
external input (Jackson, 1969-a; Minuchin & Fishman,
1981; Montgomery, 1981).

The homeostatic nature of the family system has profound effects on all its members. A family will close ranks against any member who appears to pose a threat to the maintenance of the system's equilibrium. Ackerman (1967) terms this response to personality variation, "intrafamilial prejudice".

> Among members of the same family group, there are elements of difference as well as sameness. Depending on the idiosyncratic emotional qualities of a particular family, symoblic meanings are attached to these differences which are then subjectively experienced by some members of the family as a distinct danger. The person showing the danger is felt to be an alien - the invasive stranger who threatens the security of the other members of the group" (p.51).

When this "invasive stranger" is a child, she can become the focus of the frustrations and hostilities of some or all family members, a process generally referred to as "scapegoating" (Ackerman, 1967). The child may be labeled the trouble-maker in

the family and from that role a rule is formulated to
the effect that the troublesome child is responsible
for all family problems. If one child is designated
the trouble-maker, another child may be chosen to
bear the label "no trouble at all", the perfect
child. In this way family myths are created which
can persist through several generations (Ferreira,
1977). Again, scapegoating must not be interpreted
as victimization. The scapegoated child often
provokes the label of trouble-maker with genuinely
bad behavior. Scapegoating is a dysfunctional family
process, a "folie a famille" (Ferreira, 1977, p. 53)
in which all family members play a part.

Frequently the scapegoated child attracts
the favor and protection of some member of the family
and these two form a coalition against the others
(Minuchin, 1981). If that coalition involves (as it
usually does) the child plus one of the parents, the
boundaries which should exist between the generations
will have been violated and a "perverse triangle"
formed (Haley, 1977; Minuchin 1981). "In essence,
the perverse triangle is one in which the separation
between generations is breached in a covert way.
When this occurs as a repetitive pattern, the system
will be pathological" (Haley, 1977, p. 37).

In adolescence, the scapegoated child may become delusional, starve herself, or attempt suicide. As maladaptive as such behavior appears, its practical effect might be to unite the family at last in a common concern. In just such a convoluted fashion is the balance of energy within the system maintained. "All forms of mental illness must be regarded as logical adaptations to a deviant and illogical transpersonal system" (Selvini - Palazzoli, 1978, p. 193).

Although advances in knowledge never occur in a vacuum, the publication in 1956 of a paper entitled "Toward a Theory of Schizophrenia" by Bateson, Jackson, Haley, and Weakland marked a major turning point in the development of the interactionist approach. The impact of the original ideas contained in that paper - especially the double - bind theory - is still being felt; "there has been if not a scientific earthquake, at least a fair amount of commotion largely traceable to this work" (Weakland, 1977, p. 241).

Bateson (1972) expressed the view that all human behavior - speech, body movements, even silence - was communicative if done in the presence of others. In analyzing the confused verbalizations of

schizophrenics, it struck him that this "crazy talk" was, in fact, a string of unlabeled metaphors. It appeared that the schizophrenic could not distinguish between the literal and the metaphoric. Haley suggested a possible linguistic application of Russell's Theory of Logical Types. Together, Bateson, Haley, and their associates hammered out these novel concepts beginning with their "Communication in Schizophrenia" project undertaken in 1952.

There are different levels of communication, each level modifying the other. When these levels are congruent, the message is readily understood by the receiver; when they are not congruent, the receiver experiences confusion, frustration, and rage (Watzlawick, Beaven, & Jackson, 1967). One communication level, which Bateson (Haley, 1969-a) termed the "report", consists of the actual informational content of the message. Correct word usage (semantics) and word order (syntactics) will promote clarity in this regard.

At a second level of communication, which Bateson (Haley, 1969-a) termed the "command", each participant in the conversation attempts to control or suggest a change in the relationship between

himself and the receiver of his message. He who succeeds in defining the relationship has, in a sense, succeeded in defining himself and reaffirming the validity of his own existence. When the student says to her teacher "I don't understand this division", there is more involved than her admission of helplessness in the face of mathematical complexity: she is also asserting that there exists between herself and the teacher a relationship which necessitates that the teacher feel concern for her student's difficulties and take steps to remedy the situation. While the student may have to stay after school for extra help, she will have won the relationship struggle (Haley, 1969-a). The teacher may, of course, reject the student's definition of their relationship by indicating that she is neither concerned nor willing to provide additional instruction. Lastly, the teacher may ignore the attempted definition by communicating to the student that, in fact, no relationship can exist between them because the student doesn't exist (Selvini-Palazzoli, 1978). This is commonly accomplished through non-verbal means such as refusing eye contact or pretending not to hear.

Thus the context in which the message is embedded determines whether it is to be understood as, say, a joke or a threat. Clearly, "I hate you" spoken in a playful manner with an affectionate tone of voice delivers a far different message from the same words spat out angrily and accompanied by a slap. Bateson et al. (1969) concluded that the distinguishing characteristic of the schizophrenic was his inability to determine the intended purpose of both the messages sent to or received from others or even the thoughts which jumbled through his head. "He must live in a universe where the sequences of events are such that his unconventional communicational habits will be in some sense appropriate" (Bateson et al. 1969, p. 35).

Bateson's supposition was that the schizophrenic had endured repeated exposure to interactions in which it was impossible to rely on contextual clues. Psychiatrists had long noted that visits from the patient's family (most often the mother) upset the schizophrenic and interfered with his treatment (Hill, 1955). Bowen (1960) recounts the story of the mother of the schizophrenic who, while angrily berating her son for his lack of independence, was busily cutting his meat and

buttering his bread. She was surprised when he
stopped eating! For this "unreasonable sequence of
experiences" (Bateson et al. 1969, p. 35), the term
coined was the "double-bind", the essential elements
of which are:

1. "The individual is involved in an intense
    relationship; that is, a relationship in
    which he feels it is vitally important that
    he discriminate accurately what sort of
    message is being communicated so that he may
    respond correctly" (Sluzki, Beavin,
    Tarnopolsky, & Veron, 1977, p. 211).

2. "The individual is caught in a situation in
    which the other person in the relationship
    is expressing two orders of message and one
    of these denies the other" (Sluzki et al.
    p. 211). This is not a one-time occurrence,
    but the predominant pattern of interaction
    between them.

3. "The individual is unable to comment on the
    message being expressed to correct his
    discrimination of what order of message to
    respond to...". (Sluzki et al. p. 211). The
    reception of incongruent messages is not
    unique to the schizophrenic. Often, during

the course of conversation, one person will
say to another: "I'm not sure just how to
take that last remark." or "For someone who
insists he isn't angry, you sure look mad."
These attempts to clarify communication are
termed "metacommunication" (Bateson et al.
1969) and they are essential if people are
to properly understand one another. It is
the right to metacommunicate which the
schizophrenic is denied for to challenge the
messages he receives is to challenge a
relationship he cannot afford to lose
(Scheflen, 1980).

4. Nor can he escape the field thereby possibly
exposing himself to more congruent
interactions (Watzlawick, 1969). Despite
his frustration and despair, his dependency
on the continuation of the relationship
binds him as securely as a spider's web
binds a fly.

To continue the former example of
double-bind behavior, if the schizophrenic
young man asserts his independence, seizing
the utensils from his mother and insisting

on his right to feed himself, his mother
will rebuke him for his ingratitude in
response to her efforts to help him. If he
allows her to cut his food, she will
continue to chastise him for his childish
ways. Should he dare to tell her that this
"no-win" situation is driving him crazy, she
could turn her back on him, withdrawing the
affection which he craves. Caught in this
double-bind and unable to leave the field,
the schizophrenic might choose to talk and
act "crazy" so that medical attendants will
dismiss his mother and remove him to a cool,
quiet room where he can retreat into a
drugged sleep. If the particular form of
craziness he chooses is to act hostile and
suspicious, or to giggle and grimace
incessantly, or to withdraw into a shell, he
will be diagnosed as paranoid schizophrenic,
hebephrenic schizophrenic, or catatonic
schizophrenic, respectively (Bateson et al.
1969).

5. As in all behavioral conditioning,
    eventually any part of the double-bind
    sequence will be sufficient to provoke rage
    and despair in the individual (Bateson et
    al. 1969).

While it is impossible to omit the relationship component of messages, it can be undermined. The distinguishing characteristic of the schizophrenic's communications is that he constantly disqualifies his own messages in an attempt to avoid making a relationship statement (Haley, 1969-a). He does so by denying that he is transmitting any message to anyone at this time and in this place. He may assert that he is Napoleon, or talk in gibberish, or imply that the receiver is an enemy agent, or that the conversation is taking place on a space station. "It seems apparent that the list of ways to avoid defining a relationship is a list of schizophrenic symptoms" (Haley, 1969-a, p. 160).

One of the axioms of communication expounded by Watzlawick et al. (1967) was that "all communicational interchanges are either symmetrical or complementary depending on whether they are based on equality or difference" (p. 70). Participants in symmetrical conversations mirror each other's strengths and weaknesses; those in a complementary interchange function as halves of a whole with one participant assuming a "one-up" position and the other, the "one-down". Both forms of communication will become pathological if they are the only ways in

which the participants can interact. A symmetrical
relationship may escalate through competitiveness
into open hostility; a complementary relationship may
be inappropriately demanded where it was once
provided freely.

As interactions descend into pathology,
achieving control of the relationship takes
increasing precedence (Sluzki & Beavin, 1977).

> In fact, it seems that the more
> spontaneous and healthy a relationship,
> the more the relationship aspect of
> communication recedes into the
> background. Conversely, "sick"
> relationships are characterized by a
> constant struggle about the nature of
> the relationship; with the content
> aspect of communication becoming less
> and less important (Watzlawick et al,
> 1967, p. 52).

Spurred on by Fromm-Reichman's (1948)
delineation of the "schizophrenogenic mother",
psychiatry discovered, in turn, that schizophrenics
were part of a family constellation which seemed
somehow implicated in their disease (Lidz, Fleck,
Alanen, & Cornelison, 1963).

The mother of the schizophrenic has been cast in the unenviable position as "the dominant parent whose pathological influence on the child is not sufficiently counteracted by the typically weak, rather withdrawn father" (Watzlawick, 1969, p. 73). She appears to be a rather vacuous woman, superficial and flirtatious, the kind of woman who can fish for compliments and boldly assert that her family is problem-free while her schizophrenic son lies sedated in a psychiatric ward (Hill, 1955). Yet she is, in reality, domineering and manipulative, especially towards men, whom she despises in general (her husband in particular) for their weakness.

Although she grandly insists that she married for love, she married only to escape her own domineering mother to whom she remains emotionally bound (Hill, 1955). Her feelings for her schizophrenic child have been mixed since his conception, which was intended to grant her the womanly fulfillment denied to her in marriage (Wynne, Ryckoff, Day, & Hirsch, 1958). From the beginning, her pregnancy was fraught with fears of miscarriage, stillbirth, and deformity which lead her to frequently contemplate abortion rather than awaiting the seemingly inevitable (Hill, 1955). The child's

birth was accompanied by an increase rather than a lessening of marital tension and often occurred during the parents' first separation. The newborn demanded and received special care from the mother either because he was her first born or a sickly infant or because he occupied a position of privilege such as the first male child (Bowen, 1960; Lu, 1962). She has always felt a special relationship with this child who seemed to need her more.

As the child grew, so did the mother's ambivalent feelings. She overcompensated for the anxiety and resentment aroused in her by the traditional maternal role by a smothering, overprotectiveness (Jackson, 1969-b).

> This love is idealized, romantic and
> unrealistic and leads to extensive
> denial of anything they observe in the
> child contrary to their fantasies
> concerning him. The result is, of
> course, disastrous to the child, but it
> does not follow that the mother meant
> it to be so; she meant to destroy only
> what we would regard as the
> naturalness, the normal badness, the
> spontaneity, the investigative

curiosity, the boldness of her child so
that she could keep it good and ideal
and completely her own (Hill, 1955, p.
109).

The mother is never able to accept the
child's separate identity (Alanen, 1960). The
mother-child relationship becomes a compulsory one in
which the implied message is "remain symbiotically
related to me" (Watzlawick, 1969, p. 77). When he
becomes an adolescent, the child's normal struggle
for independence challenges this symbiosis. As Bowen
(1960) expresses it: "It takes a lot of doing to
hold your mother's hand and play baseball at the same
time" (p. 367).

The child learns from this relationship -
"the most important in his life and the model for all
the others" (Bateson et al. 1969, p. 44) - that he
cannot trust his own perceptions of reality. "This
means that he must deceive himself about his own
internal state in order to support mother in her
deception. To survive with her he must falsely
discriminate his own internal messages as well as the
messages of others" (Bateson et al. 1969, p. 42).
Above all, he must never challenge the relationship
which entwines his mother and himself in a morass of
pretense and denial.

The father of the schizophrenic is usually characterized as a weak, passive man who is as much a victim of his emasculating wife as is his child (Bowen, Dysinger & Basamania 1959; Haley, 1969-a). He has been denied the authority and prestige usually granted the head of the house because of his failure to fulfill his wife's marital expectations. She treats him with contempt, openly defying and ridiculing him in front of the children (Lidz, Cornelison, Fleck, & Terry, 1957; Morris & Wynne, 1965). Some fathers of schizophrenics pretend to be tyrants; they pout and they rage but with little effect (Farina, 1960; Garmezy, Clarke, & Stockner, 1961). They frequently resent their schizophrenic child for seizing the lion's share of the wife's attention and reject him cruelly (Lennard, Beaulieu, & Embry, 1965; Lidz & Fleck, 1960; Lidz, Parker, and Cornelison, 1956).

The behavior of the schizophrenic family is pervaded by the members' fear of relating. The parents are immature, inadequate personalities whose energies are consumed by their fractious marital relationship (Baxter, Arthur, Flood & Hedgepath, 1962; Bowen, 1960; Haley, 1960). Although commonly described as "emotionally divorced", it is doubtful

whether the husband and wife were ever truly emotionally united. Neither spouse has completed the separation from his parents. Their loyalties remain with their families of origin (Lidz et al. 1957). Rosenbaum (1961) describes the marriage as "a brittle attachment" (p. 124), so tenuous in fact that neither partner dares set rules for the other.

Apparent attempts at leadership are immediately disqualified (as is all other communication) by either the person making them or others in the family. Nor is any family member willing to accept the blame for these family decisions which just seem to happen. The mother chronically protests her innocence. The father may quibble or protest or even appear to be blaming his wife but in the end, he will have so disqualified himself that the issue of blame will remain unsettled (Haley, 1969-a).

The parents alternate between being over-solicitous and unresponsive to their children's emotional needs, a behavior Rosenbaum (1961) terms "selective inattention" (p. 119). The children's affections are courted but only so that they may be used by their parents as pawns in the marital game.

Coalitions within and without family boundaries are forbidden as acts of disloyalty. Thus the experiences of both parents and children are restricted to the psychotic interactions which occur within the family. "All of the qualities of disordered thinking and interpersonal relations which have been described for the individual schizophrenic have recognized counterparts in his family" (Rosenbaum, 1961, p. 120).

The interactionist approach has contributed much to our understanding of the relationship between family interactions and individual behavior. It has freed therapists from analyzing undesirable behavior patterns in terms of victims and victimizers. We will now consider the family system of the anorectic which has also been studied from an interactionist perspective.

Part 2: The Interactionist Approach to the Anorectic
         Family

Anorexia Nervosa is a behavioral disorder
that primarily affects adolescent girls
(Selvini-Palazzoli, 1978). It is characterized by a
loss of more than 25 per cent of normal body weight,
cessation of menstration, hyperactivity, and extreme
sensitivity to cold (Minuchin et al. 1978). Its
victims appear to be engaged in a power struggle with
the parents which focuses on the adolescents' eating
habits and ultimately on their weight. Although
reduced to mere skeletons, these young girls view
themselves as grotesquely fat. They engage in
frenzied physical activity despite a sharply-reduced
caloric intake and refuse food despite the frantic
pleas of their families.

As with schizophrenia, there are a number of
theories on the etiology of anorexia nervosa. With
the exception of the work done by Minuchin et al.
(1978) and Selvini-Palazzoli (1978), anorexia nervosa
has not been studied from the interactionist
perspective. Selvini-Palazzoli was much impressed
with Haley's (1969) model of the schizophrenic
family. She applied that model as a measure of the

pathology of the anorectic family after becoming
discouraged with traditional approaches.

Minuchin's interest has always been in the
shifting structures of the family; its coalitions and
the rigidity or permeability of its subsystem
boundaries. He considers a family with weak
boundaries which spill over into each other,
frequently crossing generational lines, to be a
dysfunctional family, "a system which has turned upon
itself, developing its own microcosm" (Minuchin et
al. 1978, p. 77). Because Minuchin has developed a
different vocabulary, he may appear to the reader to
be interpreting family dynamics from a perspective
other than that of the interactionist. That
difference, however, is more illusory than real for
in discussing such concepts as "enmeshed" and
"disengaged" families, he is quick to point out that
the distinction between the two lies in their
transactional styles. "Family transactional patterns
form the matrix of psychological growth" (Minuchin et
al. 1978, p. 52).

There are important differences between
schizophrenic and the anorectic families. Unlike the
schizophrenic family with its "fatuous drawing-room
attitude" (Selvini-Palazzoli, 1978, p. 204), the

anorectic family is clearly concerned and upset.
From a therapeutic standpoint, this emotional
involvement is an obvious strength. Nor are the
communicational patterns in the family of the
anorectic as disturbed as those of the
schizophrenic. While there is a great deal of
rejection of the content and particularly, the
relationship implied in messages, there is little
disconfirmation of the sender (Selvini-Palazzoli,
1978). The receiver is saying, in effect, as Lord
Chesterfield did: "I don't agree with what you say
but I will defend to the death your right to say
it." Because the members of the anorectic family do
not feel compelled to continually disqualify their
own and other's remarks, their speech is coherent and
flowing. The schizophrenics family's fear of
relationships causes them to shun coalitions.
However, secret alliances which violate parent-child
subsystem boundaries, are the hallmark of the
anorectic family (Minuchin et al. 1978).

Both parents of the anorectic view
themselves as martyrs who have surrendered their
personal happiness for the common good. The mother
is a fine cook and housekeeper who appears thoroughly

devoted to her family's welfare. In actuality, she is fretful, over-protective, and inclined to be bossy (Wall, 1959; Warren, 1968). The father protests that his only failing is perhaps an inclination to be too understanding and forgiving. His children, on the other hand, regard him as quietly demanding and withdrawn (Blitzer, Rollins, & Blackwell, 1961; Tolstrup, 1975).

The parents' symmetrical communication patterns are, in fact, a contest to determine who has suffered more in the marriage. Selvini-Palazzoli refers to this process as "symmetry through sacrificial escalation" (p. 214).

Like schizophrenic parents, the anorectic parents' loyalties remain with their families of origin. The subsystem boundaries which should exist between parents and grandparents are almost non-existent. The marriage is a sterile one in which the over-riding concern of both partners is that they appear blameless in the eyes of the world.

The marital conflict so apparent in the schizophrenic family is suppressed and denied by the anorectic family, although it clearly bubbles just below the surface and has repercussions for all

family members (Minuchin, Baker, Rosman, Liebman, Milman, & Todd, 1975). The schizophrenic mother will disqualify a leadership statement, such as "Go do your homework" with an aside directly aimed at her uninvolved spouse: "Your father doesn't care whether you fail, but I do". The anorectic mother's attack is disguised as wifely submissiveness: "Your father wants you to pass." Her pretense of assuming the one-down position in the marriage assures her of getting her way with a minimum of opposition. Despite these differences in transactional styles, the anorectic mother is as dominant an influence as the schizophrenic mother (King, 1963).

It is their overwhelming concern for appearances which prevents the frustrated and unhappy marital partners from seeking support from sympathetic friends and relatives.

As a result, the system of alliances and the search for an arbitrator are kept within the family and focused especially on the patient, who is secretly encouraged to side with the more persecuted of her two parents. But since each of the parents sees

himself in that role and since the
patient depends on both, she
occupies an extremely ambiguous
position in the system. This
ambiguity is complicated further
by the fact that though the two
parents vie for her support,
neither is prepared to enter into
an open alliance with her since,
paradoxically, that alliance would
detract from their professed roles
of being the more downtrodden of
the pair" (Selvini-Palazzoli,
1978, p. 214).

This is the double-bind for the anorectic child; she
cannot ally herself with either parent nor can she
refuse to do so.

Minuchin et al. (1978) describe three
marital tension defusers used interchangeably by
parents and children in anorectic families. In
"triangulation", one parent pressures the child to
side with him against the other. Alternatively, the
child may take the initiative and ally himself with
one parent in a coalition against the other.

Selvini-Palazzoli (1978) terms these solutions "three-way matrimony" (p. 211). Lastly, when the anorexia is full-blown, the parents may unite in a common concern for their child. "In some families, the parents require the children to reassure them that they are good parents or to join them in worrying about the family... . In most cases, parental concerns absorb the couple, so that all signs of marital strife or even minor differences are suppressed or ignored" (Minuchin et al. 1978, p. 33).

The anorectic child learns that only a narrow range of behaviors will be tolerated in her family before homeostatic mechanisms come into play. She will be rewarded to the extent that she resembles her parents and assumes their values and aspirations; she will be ostracized if she insists on her right to individuality. She strives constantly to be the perfect child, her parent's "dream baby-hero" (Hill, 1955, p. 68) and she becomes an expert "parent-watcher" (Minuchin et al. 1978, p. 59) who anxiously scans the parental horizon for signs of displeasure. To dare to grow up, to even contemplate breaking free of the familial cocoon, to assert uniqueness - is to risk losing everything she values. For her, as for the schizophrenic, the implied directive is "to remain symbiotically attached" (Watzlawick, 1969, p. 77).

It is not surprising that such a child might fasten on her physical functioning as the battlefield for her independence. In her enmeshed family, where everyone's personal boundaries are violated, her parents struggle to possess her body as they possess the rest of her. Her vomiting and purging habits become topics of conversation at the dinner table but the child knows her refusal to eat punishes and controls her parents as nothing else can. She also realizes, at some level, that if she persists in starving herself, she will indeed escape the field - through her own death. "Illness may become her identity card" (Minuchin et al. 1978, p. 61).

In anorexia nervosa, as in schizophrenia, the interactionist focuses on the family system when he seeks the cause of the adolescent's self-starvation. Such a systems orientation has not yet been adopted in assessing suicidal families. What we do know of the interactions which are characteristic of such families amount to impressions garnered from largely demographic studies of suicide. It is to these we now turn.

Part 3:   Impressions of the Suicidal Family

The fragmentary evidence, concerning the
nature of the suicidal family, which is found in the
literature creates an overwhelming impression of
emotional numbness. Death, despair, and discord seem
to have stalked the family since its inception.
(Jacobziner, 1965; Shaffer, 1974; Tishler, McKenny,
and Morgan, 1981). In a study by Tuckman and
Youngman (1964) of the families of adolescent suicide
attempters, more than half of the families were
well-known to social agencies because of past
problems involving abandonment, unemployment, child
abuse, delinquency, parental suicide, and
alcoholism. Hendin (1975) dismisses the supposedly
normal adolescent preoccupation with death (Haim,
1974) with the comment that "fascination with death
is often the climax of having been emotionally dead
for a lifetime" (p.328).

The mother of the suicidal adolescent is
generally described as an immature, emotionally
unstable woman who has never adjusted to leaving her
parental home (Faigel, 1966; Glaser, 1965). She has
found both marriage and motherhood disappointing.
Frequently, the mother in the suicidal family has

reacted to her failed marriage and the unwelcome burden of motherhood by rejecting her child either indirectly through separation associated with alcoholism or mental illness (Glaser, 1965) or directly, by abandoning the child to the care of relatives or social agencies. Alternatively, she may have been motivated by guilt to hide her hostility and despair behind a facade of rigid control (Schrut, 1964).

The cost of maintaining such control is great. The mother takes no pleasure in her children; everything is done out of a sense of "joyless duty" (Hendin, 1975, p. 329). In order to survive with her, the children are required to be "quiet drones" (Hendin, 1975, p. 329) dwelling in a home where love is only pretended. This lack of intimacy and true caring among family members is described by Gould (1965) as a "loss of love". "It is my feeling that the core factor in the formation of a suicidal personality in children and adolescents is this felt loss of love" (p. 234).

While concluding that ambivalent maternal feelings will not have the same devastating effect on the child's emotional development as outright rejection, Schrut (1964) cautions that the child, in

realizing how little pleasure he brings his parents,
may "feel himself unworthy and deserving of neglect
and punishment, especially in the case of the
unrelentingly depressed mother whose self-rejection
is seen by the child as a rejection of him" (p. 1104).
Richman (1978) considers the roots of maternal
ambivalence as lying in the mother's fear of losing
herself through merging with her child as contrasted
with the guilt and pain she experiences by rejection.

> Closeness cannot be tolerated in part
> because of the threat of loss of
> identity and distance is untenable due
> to the threat of the loss of
> symbiosis....Unfortunately, the
> disengaging, or rejecting, or turning
> away usually occurs during a crisis
> just when support and contact are most
> needed, occurring in those with the
> greatest need for belonging (p. 143).

Generally the father, as well, in the
suicidal family is frustrated and unhappy with his
parental role. He has responded to the

responsibilities of fatherhood by becoming coldly critical and demanding especially toward his sons (Bakwin, 1957; Mc-Anarney, 1979; Randall, 1966). More commonly, he has deserted the family altogether. Loss of a birth parent through abandonment or divorce is a characteristic of suicidal families (Dorpat, Jackson, & Repley, 1965; Jacobs & Tercher, 1967; Jacobziner, 1965' Perlstein, 1966). The father may also be absent from the home because of death, imprisonment, or commital to a mental institution (Randall, 1966; Tishler, McKenney, & Morgan, 1981). Jacobs (1971) regards the loss of a parent, for any reason, before the child is 12 years of age, as predisposing the child to suicidal behavior.

Many suicidal families are plagued by parental quareling, separation, and divorce. There is frequently a succession of men in the mother's life, all of whom seem to be immature, emotionally unresponsive people incapable of sustaining a satisfactory relationship with either the mother or her children (Jacobs, 1971). There are frequent moves and school changes, as the family leaves behind a trail of broken relationships (Bakwin, 1966; Jacobs, 1971).

Alternatively, the unhappy parents may feel compelled to remain together for the children's sake or to maintain appearances. They may choose to go through the motions, fulfilling their public duties as parents and spouses while remaining emotionally divorced or they may quarrel openly, with one or both spouses continually threatening to leave (Margolin & Tercher, 1968).

Marks and Haller (1977) draw a profile of the suicidal male adolescent as a tense, anxious, overly-dependent youth resentful of his mother and emotionally estranged from his father. They depict the suicidal female adolescent as depressed and unstable, isolated from both parents but particularly fearful of her cold, rejecting father. The almost infantile dependence of adolescents, who attempt suicide, predisposes them to be especially frustrated and enraged by their unloving environment although many are unaware of their anger and most are unable to express it constructively (Marks & Haller, 1977; Tabachnick, 1961). Suicidal adolescents generally have a history of venting their hostility through truancy, delinquency, and running away from home (Jacobs & Teicher, 1967). They view their family as

a "jail in which everyone is in solitary confinement, trapped within their own particular suffering" (Hendin, 1975, p.338).

Such is the impressionistic evidence concerning the nature of the suicidal family. How would an interactionist describe the behavior patterns which exist between the members of a suicidal family? How would he interpret the marital strife or the mother's ambivalent feelings toward her child? We now turn our attention to the development of a conceptual model of the suicidal family from an interactionist point of view.

Chapter 3: A Conceptual Model of the
Suicidal Family

Often we infer a kind of race to see
who will use the weapon of suicide
first.

W. Tabachnick

The schizophrenic family and, to a lesser
extent, the anorectic family, have been examined
using an interactionist approach. The suicidal
family has not. An interactionist should be able to
predict, with some certainty, the nature of the
interactions likely to be found in any reasonably
representative sample of either schizophrenic or
anorectic families. It would be inaccurate at this
stage in the development of the interactionist
approach to describe such a sampling as random
(Haley, 1969-b). An interactionist could not,
however, make such an accurate prediction of the
interactions likely to occur in suicidal families; a
conceptual model of the suicidal family, from an
interactionist perspective, is lacking.

In order to develop such a model, a researcher must find a way to marry what the interactionists have uncovered in their studies of schizophrenic and anorectic families with the impressions of suicidal families which can be gleaned from non-interactionist-oriented studies on suicide. Such an attempted marriage is fraught with difficulties.

Scientists have told us that observation is an active rather than a passive process. It follows that what is observed in a family will depend to a great extent on what the observer is looking for. His point of view will determine not only the behavior he singles out, but what interpretation he places upon it. The confirmed interactionist will be predisposed to finding disturbed interactional patterns in any family he observes.

Those who have studied suicide, and, incidentally, the suicidal family, have not been interactionists. They may have ignored or dismissed as unimportant such characteristics of family transactions as repeated disqualifications in communication or rigid parent-child coalitions which an interactionist would have fastened onto at once.

Alternatively, they may have selected such behaviors for attention but given them a different interpretation. It is hazardous, therefore, to attempt to develop a conceptual model of the suicidal family couched in interactionist terms with only these impressionistic studies to rely on.

The interactionist research on schizophrenic and anorectic families is useful in the development of such a model but it too can be used only with caution. While it is assumed, in this thesis, that there may be some features common to the schizophrenic, anorectic, and suicidal families, there may also be differences and those qualities which are unique to the suicidal family may, in the end, prove to be the critical ones.

Interactionists believe that, in the presence of others, human beings cannot avoid communicating and since every communication contains a relationship element, it follows that human beings also cannot avoid relating. In studying a family group, the interactionist will focus his observations on the nature of the relationships which exist among the family members.

The members of both schizophrenic and anorectic families have difficulty establishing mutually acceptable definitions of their relationships. For purposes of simplification only, I will focus on the relationship between mother and child. The schizophrenic has grown up in a family in which his mother has given him continual, incongruent definitions of the relationship she wants to have exist between them. In the classic example, she opens her arms to her child only to cringe on his embrace. The relationship component of her communication reflects a conflict. Does she want her son to accept that theirs is a loving mother-child relationship in which hugging is in order or does she want him to recognize her lack of motherly feeling and respect it by maintaining his distance?

Because the child feels he cannot inquire as to her meaning i.e. metacommunicate, he does not know to which relationship message he should respond. Unable and/or unwilling to abandon his frustrating interactions with his mother by, say, leaving in search of more congruent communications, the child eventually discovers that he can escape the field through madness. He attempts to avoid the entire

relationship issue but the end result, as
Haley (1969-c) indicates, is that he will be
hospitalized and a doctor-patient relationship will
be enforced upon him.

The anorectic child must also cope with her
mother's conflicting definition of their
relationship. On the one hand, the mother
communicates to her daughter that she is an
exceptional child with the implication being that the
daughter will naturally develop into a strong and
independent woman capable of making her own way in
the world. On the other hand, the mother
simultaneously communicates to her daughter that
theirs is a relationship in which the mother wants
and needs her child to remain always dependent,
grateful, obedient, and a comfort to her. Unable to
either metacommunicate or leave the field, the
daughter chooses to stop eating as a way of avoiding
her mother's definition of the relationship.
However, self-starvation, like schizophrenic
behavior, generally leads to hospitalization and the
imposition of the doctor-patient relationship.

Despite the superficial similarities in the
scenarios of the schizophrenic child and the
anorectic child, there are important differences, as

was indicated in the literature review, in the interactions which occur in their respective families. As Haley (1969-c) comments, the schizophrenic family is unique in that its interactional characteristics are so pronounced and consistent. "In the family of the schizophrenic the range of behavior is as limited and inflexible as is the behavior of the schizophrenic in contrast to other people" (p. 197).

Such consistency in pathology is not a characteristic of the anorectic family. Selvini-Palazzoli (1978) distinguished between the communicational patterns of strictly anorectic families and those families in which the identified patient alternated between anorexia and bouts of bulimea. The latter, she found to be more pathological than the former in that they not only rejected communications but disconfirmed the sender. It follows that any particular anorectic family may not show the same degree or even kind of behavioral problem as another.

A similar variation in degree and type of pathology should also be characteristic of the suicidal family. Suicidal behavior can be interpreted as covering a wide range of activities

from swallowing water from an iodine bottle which has been previously carefully rinsed to putting a gun to one's temple and pulling the trigger. Without an acceptable definition of suicidal behaviors, can an adolescent who rams his car into a cement wall be considered a suicide and should his family be labeled suicidal? The wider the range of behavior which may eventually be definitively termed suicidal, the greater the likelihood that all degrees and kinds of pathology will be found within the category of suicidal families.

In those suicidal families in which love is only pretended, one would expect to find family members routinely disqualifying their own and others' communications. The cold, controlling mother undoubtedly delivers inconsistent relationship messages to her child. One would be that she is a mother who genuinely cares for her child and delights in him. The other message, however, would be that she is bound to him only by duty and circumstance and that he brings her no pleasure. Such a mother would act very much like the mother of the schizophrenic i.e. alternately seeking and withdrawing from physical contact with her child.

The literature suggests that there is another category of suicidal family in which no one bothers to fake affection. The open hostility between the parents has either ended, or routinely threatens to end, in the dissolution of the marriage. The child is given the clear and unambiguous message that, if it were not for him, his parents would not have married and/or would have long since separated. It is not a great logical leap for the child to conclude that his parents would be happy if he were dead. The relationship message transmitted to him is that he does not or, at least, should not persist in living. Selvini-Palazzoli (1978) labeled such a message, the ultimate disconfirmation. This is a reasonable interactionist explanation for the observation of Schrut (1964) that the child is better able to cope with ambivalent maternal feelings than such unrelieved rejection.

There should be an almost palpable tension between the spouses in a suicidal family. The literature indicates that such families frequently have a long history of unresolved marital conflicts; they are well-known to social agencies for problems with wife abuse, desertion, and non-payment of support monies. The spouses' quarelling may be open,

as in the schizophrenic family, or suppressed and denied, as in the anorectic family, as not being tolerable behavior in a proper home.

The weak parental coalition should predispose one or both parents to ally with a favoured child against the other spouse. Alternatively, the coalition could be with a parent or sibling of the spouse. The literature suggests that the parents' continued attachment to their families of origin sets a pattern of weak subsystem boundaries.

One would expect the mother in the suicidal family to be cold and domineering although she may operate behind a facade of loving concern. The father, on the other hand, should appear passive and detached although he is actually stern and unyielding (especially with his male children). The presence of a controlling mother and an uninvolved father is virtually axiomatic in dysfunctional families.

In the suicidal family, matters of control and conformity are given great importance. Any child who rebels, will likely be scapegoated. That scapegoated child will not necessarily be the one with the suicidal behavior. A child with enough self-confidence to rebel against a strong-willed

mother may be a child with enough courage to escape the field by some means other than suicide. However, a child whose rebellious spirit is crushed, may be that more easily overwhelmed by unsatisfying family interactions.

While the suicidal family might give the initial impression of being enmeshed, on closer examination, it should be apparent that its members are disengaged at an emotional level. They may practice "selective inattention" (Rosebaum, 1961, p. 119) to family members' emotional needs, over-responding to some while ignoring others.

The final characteristic of the suicidal family should be the easiest to observe; it is the sense of joylessness referred to by Hendin (1975). Whether the family has stayed together because of guilt or openly split, the frustration and disappointment family members experience in their interactions should be apparent. Hendin (1975) described the members of the suicidal family as already dead; all that remained was to bury the bodies.

A passible scenario would involve two young, immature persons forced to marry because of an unplanned pregnancy. The husband and wife remain

emotionally attached to their own parents or siblings, never successfully uniting as a couple. The resulting children are unplanned and/or unwanted.

The family will break apart or stay together "for the children's sake". In either event, the parents' bitterness and frustration is there to observe. The mother will reject her children outright or pretend an affection and loving concern which she does not feel. The clear message received by a child in such a family is that his continued existence is causing everyone, including himself, great unhappiness.

There are several approaches an interactionist might use to examine such a conceputal model. We will now consider some of these exploratory methods especially the Family Task which was the chosen method in this study.

Chapter 4: Methodology

If there were a satisfactory
descriptive system for families,
questions like the following might
ultimately be answered: Does the
delinquent come from a particular kind
of family....Is the family containing a
schizophrenic different in any
important way from the family which
contains a psychopath or alcoholic? Is
there a "normal" family system which
could be differentiated from one where
psychiatric symptoms exist or are
likely to occur?....The crucial
differences between families would seem
to reside in the sorts of transactions
which take place between family
members; the study of differences
becomes a classification of
communication patterns in the family.

Jay Haley

Part 1:   Interactionist Approaches to Family Study

At the present time, it is more accurate to
categorize an analysis of family interaction as an
investigation, rather than as an experiment. Until
the labels of individual psychopathology are replaced
by terms which specifically describe the behaviors of
different types of families, the labeling of any
particular family as schizophrenic or suicidal is not
justified.

The delineation of those specific behaviors
requires a generally-accepted theoretical base.
There is, for instance, no agreed-upon definition of
schizophrenia. Is it a disease or a syndrome? Can a
schizophrenic cease to be schizophrenic after
treatment or does he merely become a schizophrenic in
remission? Should schizo-affective, schizoid, and
autistic behaviors also be classified as
schizophrenic? The list of questions which remain
unanswered about one of the earliest identified and
most debilitating of mental disorders is endless.

If we assume that family systems will
       differ from each other if any one
       member is systematically behaving

differently within the family and
further assume that the
pre-schizophrenic, the overt
schizophrenic, the remitted
schizophrenic and the schizoid are
systematically behaving differently
from each other, then it would follow
that within the category "schizophrenic
family" there would be at least four
different types of family system.
These types would be in addition to the
possibilities of sub-species of
families based on the presence of
different types of overt schizophrenia.
(Haley, 1969-b, p. 268)

Such a precise classification of either
schizophrenic or suicidal behavior does not now
exist. The basic principles of family interaction
have been gleaned from studying families termed
schizophrenic because of a diagnosis, which may be
arguable, of only one member. Every researcher who
has labeled a specific family interaction
pathological has made that characterization on the
basis of his own assumptions regarding the nature of

the disorder. Thus the psychiatrist responsible for the original diagnosis of the identified patient and the investigator looking for causes of that behavior in the patient's interactions with his family may be working from two different vantage points, neither of which is correct.

Again, there is no generally-accepted definition of a suicidal family. If an adolescent has only threatened suicide, can the family be considered suicidal? If the adolescent has committed suicide, does the family continue to bear the suicidal label as far as the remaining children in the family are concerned? Until there is an accepted method of classifying families, it is indefensible to speak of having a random selection of any one type (Haley, 1969-b).

Nor is there agreement today on what constitutes a family. If a child lives part of the time with his mother and grandmother and the rest of the time with his father, his father's girlfriend and her two children from a previous marriage, which group should be considered his family or does he have two families? If that child becomes schizophrenic or suicidal as an adolescent, which family should be labeled? If some future offspring of the father and

the girlfriend becomes anorectic, would that family grouping bear the labels of two different psychopathologies? Insisting that all families chosen for an experiment be traditional ones composed of two parents and the children of their union may result in a prejudiced sample (Haley, 1969-c) i.e. broken homes are the norm for the families of suicidal adolescents. Interactionists have "examined rather than solved" (Haley, 1969-b, p. 271) these sampling problems.

Family investigations are based on certain assumptions about families such as that their behaviors form rule-governed patterns stable over time which profoundly affect the development of family members. However, there is no way of knowing at present whether the family behavior observed is the result of the presence of the identified patient or even relevant to his disorder (Riskin, 1969). It is assumed that such pathological family interactions predate the development of the identified patient's disease and that his bizarre behavior is an adaptive response to that family pattern (Riskin, 1969; Selvini-Palazzoli, 1978).

Haley (1969-b) characterizes family experiments as descriptive rather than inferential. The ultimate responsibility for unraveling and identifying the multitudinous interactions which occur among the members of the experimental family rests with the trained observer. Keeping in mind that each interaction consists of several levels of meaning, the analysis can only be as skillful and sensitive as the observer himself. It is inevitable that the analysis will reflect not only the observer's knowledge and experience but his personality and the state of his digestion.

So, too, the family may be affected by the artificial nature of the experimental situation. Family members must realize at some level that their inclusion in the experiment reflects the researcher's belief that they are indeed implicated in the identified patient's disorder. Understandably, they might feel confused, frightened, or resentful and such powerful emotions are bound to affect their interactions with each other. If the family has volunteered to participate in the experiment, say, as a non-schizophrenic control, one must suspect a cooperative bias. "Interviews with non-schizophrenic

families tend to indicate they are either reasonably amiable with each other or rather desperate, but at any rate they are doubtfully a random sample " (Haley, 1969-b, p. 270).

Haley (1969-b) attempted a family experiment which aimed at controlling some of these experimental variables. He acknowledged that his sample was biased and that any experiment concerning schizophrenia had a shaky theoretical base. He couched his experimental hypothesis concerning the schizophrenic's difficulty with coalitions in behaviorally-descriptive language. In order to negate observer limitations and bias, the presence or absence of coalitions among family members was recorded by machine. Once the numerical results were in however, it was the task of the human investigators to interpret them. In the end, family investigations boil down to people studying people with all the insights and blindness which that process implies.

Among the several methods used to investigate family interactions are questionnaires and a variety of interviewing techniques specifically designed to reveal interactions which the researcher

considers dysfunctional (Watzlawick & Weakland, 1977). Riskin (1969) argues for the use of longitudinal, predictive studies. If there are, indeed, distinguishing characteristics of the interactions of, say, schizophrenic families, it should be possible to predict the eventual development of schizophrenic symptoms within such a family. Selvini-Palazzoli (1978) stoutly defends the family analysis which occurs naturally during therapy, maintaining that the large and varied sample of family interactions should result in a more accurate analysis. Despite the advantages of these latter research methods, they are undeniably time-consuming and costly.

Another tool for family analysis (the one used in this study) is the Family Task initially developed by the Family Research Unit of the Wiltwyck School for Boys. The Task was designed as a measuring device of broad scope for lower economic class families experiencing numerous behavior problems appearing to centre around aggression control, guidance, and nurturance. The Family Task, as reported by Minuchin, Montalvo, Guerney, Jr., Rosman, and Schumer (1967) was intended to reveal structural and dynamic differences between control and delinquent families. "The concrete 'doing' of a

task which does not involve a formal testing procedure (especially of the 'paper and pencil' variety), and in which the participants can become completely submerged, has advantages for our population which have already been stressed" (p. 299).

In the Family Task, family members were seated in a semicircle surrounding a table facing a one-way mirror. The Task instructions were tape recorded rather than written because of the generally low reading abilities of family members. The experimenter was not in the room with the family during the administration of the Task. "It was felt that permitting the family to perform the task without the intrusive presence of a stranger would encourage a freer, more natural interaction" (Elbert, Rosman, Minuchin, & Guerney, Jr. 1964, p. 890). This viewpoint echoes that of Haley (1969-c): "The focus of a family study should be on the total family and on the interaction of parents and children with each other rather than on the interaction of family members with interviewers or testers" (p. 174).

The Task (see Appendix 2 for the protocol), which took approximately 45 minutes to complete, consisted of five discussion questions and the duplication of a building model. The final two

segments of the Task required the family to choose a
small gift and to share refreshments. Each session
was tape recorded. Two observers viewed the sessions
from behind the one-way mirror: one observer
identified and recorded the names of the various
speakers while the other noted all non-verbal
activity. A transcript was prepared which was then
evaluated quantitatively for such variables as
leadership, behavior control, and nurturance as well
a qualitatively based on analysis of the actual
content of the interactions. Quantitative results
were given the most weight.

A revised version of the Wiltwyck Family
Test was utilized by Minuchin, Rosman and Baker
(1978) as a diagnostic tool in the treatment of
anorexia nervosa (see Appendix 3 for the protocol).
"A major task for the experimenters was to
operationalize the concepts of enmeshment,
overprotectiveness, low tolerance for conflict, and
rigidity so that they could be assessed in the
family's transactions around carrying out the task"
(p. 35). The sessions were videotaped and rated
quanitatively on such behavioral characteristics as
boundary violations, shifting coalitions, and

communication patterns. Again the instructions were tape recorded and the examiner was absent from the room. The Task was intended to differentiate anorectic families from the families of asthmatics and diabetics, on the one hand, and from delinquent and control families, on the other. Minuchin et al. (1978) were satisfied that the Task did, reliably and significantly, distinguish anorectic families on the basis of parent-child subsystem boundary violations, conflict avoidance, rigidity of interactions, and skewed conversational patterns (the filtering of all communication through one family member).

An abbreviated and revised version of the Family Task was the method chosen in this study for investigating the interactions which occur in the families of suicidal adolescents. There were several reasons for choosing the Family Task:

1. It allows for the interplay of family dynamics without the intrusion of the examiner;

2. Its purpose is disguised in that no reference is made to the particular family pathology under study. This makes the Task suitable for use with both non-psychiatric

families and with defensive, highly-stressed families, such as the suicidal, who may be receiving counseling elsewhere;

3. The participating families would likely find the Task enjoyable and might become more aware of their interactional patterns after viewing themselves on videotape;

4. The Task provides a structured method of analysis consistent for all psychiatric or non-psychiatric families;

5. The resulting videotapes could be analyzed in a variety of ways by several raters to gain a broader perspective, and

6. The Task has been used to investigate the interactions occurring in anorectic families.

Part 2:   The Interactionist Approach As Used in this
          Family Study

     Subjects.   Four volunteer families, two
suicidal (identified as Family 3 and Family 4) and
two non-suicidal (identified as Family 1 and
Family 2), participated in this study.

     The basic criterion for the selection of the
suicidal families was that there must have been an
attempted or completed suicide by an adolescent
family member. This was an arbitrary decision made
in response to the lack of a generally-accepted
definition of either suicide or a suicidal family.

     In addition to this basic criterion, it was
initially intended that the suicidal families being
studied would consist of two parents, an adolescent
suicide attempter, and at least one other child.
Such a family composition would have provided the
opportunity to investigate the widest range of family
interactions. A recent attempted suicide would have
lessened the probability that pre-suicidal
interactional patterns had been altered as a result
of psychotherapy or the passage of time.

Obtaining volunteer suicidal families for this study proved to be very difficult. There is an undeniable stigma in our society against any family which has been touched by suicide. An adolescent's attempted or completed suicide is generally accepted as irrefutable evidence of his parents' inadequacy. It is not surprising that these families are unwilling to expose themselves to further imagined humiliation even in the interests of science. Neither participating suicidal family met all the criteria for a subject family although both satisfied the basic criterion in that they contained an adolescent family member who had attempted or completed suicide.

It was the intention in this study that the suicidal and non-suicidal family participants be matched as closely as possible in family composition i.e. that the non-suicidal subject families would also consist of both parents, an adolescent, and at least one other child. The basic criterion was one commonly adopted in interactionist family studies: that the "normal" or "control" families (labeled only as "non-suicidal" in this study) should not have received psychiatric treatment. All of these criteria were met by both non-suicidal subject

families. Because Family 3 was receiving
counselling, only brief, background information was
collected on the participating families.

Family 1 consisted of the mother, father,
daughter (age 17) and son (age 14). Another son (age
19) lives away from home. The father is a
policeman. The mother is employed outside the home
as a teacher. The son is in grade nine and the
daughter is in grade 12. The family has lived at the
same address in Edmonton for 23 years. The parents
have been married for 25 years. No family member has
received psychiatric treatment.

Family 2 consisted of the mother, father,
one daughter (age 15) and a second daughter (age 7).
A third daughter (age 20) lives away from home. The
father is a policeman. The mother is not employed
outside the home. The 15-year-old daughter is in
grade 10; the seven-year-old daughter is in grade
one. The family has lived at the same address in
Edmonton for 20 years. The parents have been married
for 23 years. No member of the family has received
psychiatric treatment.

Family 3 consisted of the mother and a
daughter (age 15). The family counselor, who could
provide only sketchy background information,

specifically requested that the family not be
questioned further. One son is an adult living away
from home. Another son committed suicide some years
ago. The daughter and her mother are presently
receiving counselling because the daughter has run
away from home and has threatened suicide. The
parents are in the midst of a bitter and protracted
divorce. The father no longer lives at home and did
not participate in this study. The mother is
employed outside the home as a housecleaner and
fulfills caretaking duties in the apartment in which
the family has lived for 15 years. The daughter is
in grade 10.

Family 4 consisted of the mother, father,
twin daughters (age 15) and another daughter (age
17). One son committed suicide three years ago when
he was 17. Two other sons, both in their twenties,
live away from home. The father is a businessman.
The mother is employed outside the home in a
managerial position. The twin girls are in grade
10. The 17-year-old is in grade 11. The parents
have been married for 30 years and have lived in
Edmonton most of that time. The family received
counseling after their son's suicide.

<u>Procedure.</u> The Family Task, according to Minuchin and his associates, requires at least 45 minutes for a family to complete. It was felt that a possible four hours of videotape to analyze imposed too heavy a burden on the raters in this study. Since an interactionist believes that family members interact with one another in a limited number of stylized ways, even a small sampling of behavior should reveal significant patterns.

The four discussion questions chosen (two basic and two alternates) were abbreviated and revised versions of questions contained in both the Wiltwyck Family Task and the Task used to study anorectic families (see Appendix 5 for the Family Task protocol). An alternate for each of the two basic questions was provided to allow for human and mechanical error. The questions were typed rather than tape recorded so that the family could refer to them during their discussion. An attempt was made to keep the questions brief and specific so that they would be within the reading comprehension of all family members.

Each family was informed of the purpose of the study and the procedure to be followed. The written consent of each family member was obtained

(see Appendix 4 for the Consent). The family members seated themselves around a table facing a one-way glass. On the table were two sheets of paper each containing a discussion question. The sessions were observed and videotaped by the author. Each family viewed its own videotape upon completion of the Task. No analysis or comment whatsoever concerning the videotape was made to any of the participating families.

The four videotapes, which averaged 10 minutes in length, were reviewed by three raters. Raters A and B were certified psychologists enrolled in the doctoral programme in Educational Psychology at the University of Alberta. Both were knowledgeable in the interactionist approach and had experience in observing family interactions. Rater C was the author.

Independent raters were included in this study in order that their ideas about the interactions observed in each subject family could provide a more complete and credible analysis. In fact, it was later learned that Rater A had some prior knowledge of Family 4 and was, therefore, not totally independent. While both raters A and B were knowledgeable and experienced in the interactionist

approach, it was anticipated that they would add new dimensions to the study through observations reflecting their own philosophical orientations. Agreement among the three raters on any interpretation of family interaction would increase the credibility of any resulting conclusions.

Raters A and B were asked to review the videotapes, analyzing the family interactions as they would if confronted by these same subject families in a therapeutic setting. A mental health professional, charged with the responsibility of assessing a possibly suicidal family, would not necessarily use a checklist prepared by someone else. He would assess such a family on the basis of what he had learned and experienced as well as what he privately believed about family interaction. It was anticipated, that in instructing raters A and B to so broadly interpret the videotaped family interactions, criteria of other orientations, as well as that of the interactionist, would be applied.

Rater C studied the family interactions in the light of her conceptual model of the nature of the suicidal family from an interactionist perspective.

Chapter 5: Results

> Our problem in experimenting with the
> family is not to show whether with
> their particular network they have more
> or less difficulty with a task, but to
> show what their particular network is.

> Jay Haley

I interviewed raters A and B after each had
seen and studied the four videotapes. My interest
was in gaining a clear understanding of their
observations regarding the interactional patterns
present in the subject families. In reporting the
results, I have attempted to capture the flavour of
each rater's style of expression.

Rater A: This rater evaluated each subject
family on three criteria: their degree of emotional
bonding, the strength of their parental coalition,
and their problem-solving skills. She defined
"emotional bonding" as the ability of family members
to show their love for one another, trusting fully
that their affection was returned. Both Family 1 and
Family 2 received high marks for their warmth and

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"optimistic mutual regard" although the tone of
Family 2's interactions was less humourous, slightly
more detached than those of Family 1. Family 3
impressed this rater as coldly cynical, full of
"oppositional distrust". She interpreted the
mother's frequent sighs and hand movements as
indications of tension and despair. She was
impressed by the lack of friendly humour or even eye
contact in this family which she categorized as
disengaged. While Family 4 initially struck the
rater as warm and loving, she quickly sensed that
their affection was polite rather than genuine - a
"pseudo-caring".

In evaluating the parents' cohesiveness,
Rater A was focusing on the power structure within
the family. Again, both Family 1 and Family 2
received a high rating for their style of respectful
negotiation. The children's views were regarded
thoughtfully but they were not allowed to dominate
the discussion. The parental coalition was strong,
with an even balance of power, in both families,
although the father in Family 2 was slightly more
dominant, the mother was rather more conciliatory.
These even slight variations reinforced Rater A's
belief that a wide variety of transactional styles

can be encompassed with the category of workable
families. In Family 3, the rater inferred that the
mother's sense of helplessness and hopelessness might
be attributed in part to the lack of a husband-wife
coalition and such "outside forces" as job pressures
or an estranged family. The result was
"mother-overload". Once again the seemingly strong
parental coalition in Family 4 impressed Rater A as
false. She viewed the father a "pseudo-leader" when,
in fact, the mother quietly dominated the family.

The criterion of problem-solving skills was
intended by Rater A to determine the family's ability
to deal with conflict constructively. She credited
the good problem-solving skills of Family 1 and
Family 2 to their belief in their ability to
negotiate effectively together. Both families
accepted the necessity of compromise. Each member
freely expressed his thoughts and feelings and his
uniqueness was accepted, even encouraged. There was
no evidence of scapegoating (those who insisted on
labeling themselves were immediately challenged) and
no cross-generational coalitions. Rater A attributed
the low rating she gave Family 3 on their
problem-solving skills to their lack of confident

commitment, as shown by the disheartened tone of their conversation, to finding a workable solution to their problems. Rather the mother and daughter wasted their energies distrusting and blaming each other. The mother seemed thoroughly worn-out; a defeated martyr half-heartedly attempting to impose her solutions on an indifferent and uncooperative child. Rater A categorized Family 4 as conflict-avoiders. Feelings were often poorly expressed, but even when stated clearly, such as one daughter's resentment of her household duties, they were ignored rather than dealt with. The father frequently changed the subject as a method of avoiding conflict; the mother relied on her mind-reading skills or alluded vaguely to matters she would discuss at a later time, i.e. after the videotaping.

Rater B: This rater was more affected by the structure of each family; the presence or absence of coalitions, and the strength of sub-system boundaries. Adopting Minuchin's concept of a "functional family" as one with a strong parental coalition, clear parent-child subsystem boundaries, and flexible interactional patterns, he rated Family 1 the most functional of the four subject

families. The parents acted as parents, alternating
the leadership and siding freely with and against
each other. The family received high marks for
problem-solving skills. Members expressed their
feelings clearly and openly and differences in
opinion were accepted and even encouraged. Rater B
considered the most striking feature of this family
to be its good-humoured participation in the Task.
The family members leaned forward indicating their
intention to work together to solve problems in a way
which would be acceptable to all.

In Family 2, Rater B considered the
parent-child boundaries rigid but the parent
coalition weak. He viewed the father as cold and
distant, interpreting the father's folded arms and
tendency to turn his head away from the camera, as a
sign of his disgust with the Task in particular and,
possibly, his family in general. When the father did
speak, it was only to reprimand or disagree and his
tone was unfailingly critical and negative. The
mother impressed Rater B as a timid, submissive,
anxious woman, fearful of displeasing her husband,
and intent on detouring any threatened conflict. In
Rater B's opinion, this was a family which hated
problems yet saw them everywhere. The Task was

simply another problem demanding to be solved. Such
a family requires a scapegoat and when the younger
daughter volunteered for the role (by proposing
herself as "the biggest trouble-maker" etc.), no one
tried very hard to dissuade her.

The rigidity of the role playing in Family 3
especially impressed Rater B. The mother was
relentless in her prosecution of the daughter who
adopted the stance of a submissive withdrawer. Again
and again, the mother attacked, accusing,
threatening, and reprimanding the girl. There was no
eye contact, no warmth, no humour in the family, not
even a conviction that the two of them could talk
together. It seemed to be the daughter's task to
propose solutions which the mother automatically
rejected in favour of her own.

In Family 4, Rater B was puzzled by the
awkward seating arrangement. The father and the
three daughters sat together on the couch which made
conversation and eye contact among them very
difficult. The mother sat to one side in her own
chair. The Rater concluded that the parents marked
the outside boundaries of the family unit leaving the
daughter, who was seated on her father's left, on the

outside. This positioning supported Rater B's conclusions, from observing the family interaction, that the daughter was indeed peripheral to the family. Rater B viewed the mother as the only relaxed family member. She seemed prepared to take charge and to solve the Task problems on her own. Behind the father's attempts at humour, Rater B sensed a fear of exposure. He hurried through the Task, over the objections of his wife and daughters, as if he were more intent on preventing embarassing disclosures than on effective problem-solving.

Rater C: This rater kept in mind her conceptual model of the suicidal family, in her analysis of each subject family. She was impressed by the atmosphere of good-natured fun which permeated Family 1's session; the joy seemed genuine. The parents sat on the outside edge of the children so that all family members leaned forward toward each other, including everyone in their conversation, laughter, and eye contact. No family member was scapegoated orcontact. No family member was scapegoated or ignored. The father was very much a part of the family, actively involving himself in the decision making. Both parents alternated quickly and easily between supplying leadership and nurturance. Everyone was encouraged to express his opinion and individual eccentricities were accepted with good

humour. This family demonstrated a relaxed, flexible approach to problem-solving. Interruptions were tolerated, especially those from the younger child. The necessity for fairness and compromise was accepted by all.

Rater C considered the structure of Family 2 more traditional, less egalitarian than that of Family 1. The father assumed the pose of benign dictator, a quite common stance, in her opinion, for a father in a female-dominated family. His role was that of the harassed head of the house, beset by three sweet but scatterbrained females. His folded arms and far-away stare signaled an indifference which Rater C considered only feigned since actually, the father took an active role in the decision-making, generally allowing the women a free hand but stepping in occasionally to introduce a little fatherly reasonableness. The mother's voluntary assumption of the one-down position was the secret of her leadership: she was willing to pretend that the father was the head of the house and he was satisfied with the pretense of authority. The mother in this family was powerful but not domineering. Her soft tone of voice, her physical caresses, her evident concern for the feelings and wishes of her

husband and children indicated her to be very
nurturing woman. This was a somewhat traditional
family in that the parents seemed in agreement that
the father would satisfy the material needs of the
members while the mother focused on their emotional
needs. The parent-child subsystem boundaries were
clear and strong; the coalitions flexible. The
general tone of the session was cheerful and involved.

In Rater C's opinion, the atmosphere in
Family 3 contrasted dramatically with that in either
of the first two families; it was oppressive and
utterly joyless. The mother and daughter were
captives in a deadly power struggle. Observing the
mother's monotonous, steam-roller attack of criticism
and complaint, Rater C began to imagine that the
mother was steadily increasing in size as the
daughter was fading away. There was no true
interaction between the two of them. The mother
seemed to be repeating lines from a prepared and
well-rehearsed script; the daughter was quietly
defiant. Neither one was prepared to negotiate
fairly because neither seemed to believe, probably as
a result of past futile attempts, that they could
reason together. The mother impressed Rater C as a
controlling, demanding woman who supplied little

nurturance. However, Rater C believed that the deadened, monotonous quality of the mother's speech indicated her overwhelming feeling of hopelessness. The mother was a frightened, lonely, and angry woman who saw herself as a helpless victim of life. The message the mother reiterated to her daughter was that the daughter (by being two minutes late!) had put her in a "difficult position", had put her "in danger" where she could have been injured. The mother's most revealing and devastating comment was her plea that the daughter promise to try to be different. While both Family 1 and Family 2 frequently rejected messages, this family indulged in disconfirmations. Rater C suspected a veiled threat in the daughter's later remark that every girl needs a vacation and the mother's unhappy query: who needs the vacation?

Although Family 4 initially appeared warm and happy, Rater C sensed a falseness which led her to conclude that their closeness was pretended. They were in effect, play-acting their private definition of a "normal" family. The awkward seating arrangement chosen by the family members isolated the mother physically, as perhaps she was isolated emotionally, from the rest of the family. Although

the father sat with his daughters, Rater C considered that his presence was intended more as a control than a comfort. Despite the father's obvious joviality, one sensed an uneasiness, a desire to finish the Task quickly before any family secrets were revealed. When the expression of feelings was demanded, some very strong ones were produced but never explored. Intense emotions of anger and sorrow hung in the air ever so briefly until the father could distract the family's attention and thus avoid confrontation by changing the subject, making a little joke, or concluding the discussion. His message seemed to be: "keep it light!" Mother, too, discouraged open discussion by making such definitive statements as "I don't think you have too many duties around the house" and quickly joining the father in his attempt to talk of other matters. Rater C sensed that the daughter on her father's left was indeed partially excluded from the family. The anger she directed at her mother was the one genuine emotion displayed during the session and it was largely ignored. The father's attempts to include the peripheral daughter in the Game of Normal Family were only partially successful.

Chapter 6: Discussion

The crucial differences between
families would seem to reside in the
sorts of transactions which take place
between family members; the study of
differences becomes a classification of
communication patterns in the family.

Jay Haley

Agreement in the Ratings

All three raters were in agreement in their
analysis of Family 1 and Family 3. These two
families appeared almost diametrically opposed.
Family 1 was a happy family with a strong parental
coalition, a clear style of communication, mutual
love and respect and good problem-solving skills.
They were judged free of perverse triangles,
disconfirmations, and the evil effects of being
either enmeshed or disengaged. Family 3, on the
other hand, partially fit the conceptual model of the
suicidal family presented in this thesis. The mother
was so intent on maintaining her control that she was
virtually oblivious to her daughter's feelings and

desires. Conflict was neither avoided nor resolved. Above all, the family interactions were utterly joyless. The presence of the husband and one other child would have made it possible to ascertain the strength of the parental coalition, the presence or absence of any parent-child coalitions, and whether the daughter was indeed scape-goated in this family. As it was, no conclusions could be drawn regarding any of these characteristics of suicidal families.

Raters A and C were very much in agreement in their analyses of Family 2 and Family 4. They regarded Family 2 as exhibiting a different interactional style from that of Family 1 but one still within Minuchin's concept of a functional family. Both raters concluded that the apparent emotional closeness of Family 4 was false. However, both Raters A and C did know that Family 4 had experienced a suicide and that knowledge may have sensitized them in that regard. The interactional style of Family 4 resembled that of the conceptual model of the suicidal family in several ways. Any natural joyfulness the family might have experienced was consumed by their desire to appear normal and therefore blameless. The family was clearly afraid of strong emotion and conflict.

Rater B's evaluations of Family 2 and Family 4 differ from those of the other two raters more in degree than in kind. He saw the same qualities of interaction in Family 2 as did raters A and C, but he considered those characteristics more dysfunctional than functional. In evaluating Family 4, Rater B noted the uneasiness and pretense but these qualities of the interactions did not have the same impact on him as they did on the other two raters.

No generalizations, regarding the characteristics of suicidal families, can be justified by such a limited study as this one. Minuchin and his associates believed that the Task was a benign method of studying families under stress. While possibly less threatening than a therapeutic interview, the Task undoubtedly creates stresses of its own and it is difficult to measure the effect of an artificial, experimental situation. However, this study does suggest that much insight into a family's interactions can be gained in only 10 minutes observation. It also suggests that the characteristics of interaction will be sufficiently pronounced to capture the attention of several observers of divergent experience.

The interactions of the two suicidal families in this study provided at least a limited support for this thesis' conceptual model of a suicidal family. There was a sense of joylessness or at least, pretended harmony recognized by all three raters in the suicidal subject families. Conflict was avoided either by discouraging free expression as in Family 3 or by ignoring it as in Family 4. The raters agreed in their assessment of the mother in Family 3 as domineering. There was at least an element of unity in their recognition that the father in Family 4 was less involved than, say, the father in Family 1. Perhaps a more complete sampling of behavior would have persuaded Rater B that the father in family 4 was indeed more peripheral than he pretended to be.

Disqualification in the Ratings

Apart from the one example of disconfirmation in Family 3's communications noted by Rater C, there was little analysis made of the rejection or confirmation of communications within each family. This omission is undoubtedly due to the fact that without a transcript, it is virtually impossible to unravel the complexities of speech.

While all three raters attempted to respond to the non-verbal behaviors in the subject families, it is again suggested that a transcript complete with notations of all body and facial movements would greatly improve the accuracy of the interactional analysis.

Limitations of This Study

The two suicidal families in this study were less than ideal subjects. They constituted neither a random nor even a representative sample of suicidal families. One wonders if different results would have been obtained using families with adolescents who had exhibited a greater variety of suicidal behaviors including obvious suicide attempts as well as suspicious accidents.

All of the raters were troubled by the absence of some family members. The undoubted value of including the husband and another child in the videotaped interactions of Family 3 has already been discussed. Although three daughters participated in Family 4's Task, Raters A and C speculated that the presence of even one son would have indicated whether the father treated his sons differently i.e. more critically than he treated his daughters.

Of course, a non-suicidal family is not synonomous with a "normal" family. The label "non-suicidal" was chosen to avoid the problem that "normal" families have neither been defined nor studied by interactionists. However, the non-suicidal families, which participated in this study, may have been dysfunctional according to some criterion not measured by the Family Task or, at least, atypical. One must raise the issue of the motivation of volunteer families but there is as yet, no generally-accepted desirable investigational motivation. Despite these concerns, it is the conclusion in this thesis that the Family Task, even an abbreviated and revised version, has proven useful and worthy of future study as a measure for analyzing the interactions in suicidal families.

Exploration of the Conceptual Model

In Chapter 3, I conceptualized certain characteristics of the suicidal family. Some of those characteristics, such as the presence of more rejection and disconfirmation that acceptance of communication, are truly interactionist criteria. Other qualities, such as a sense of joylessness, could not be expressed in interactionist terms.

In developing the conceptual model, it was anticipated that some suicidal families would appear more obviously dysfunctional (as defined by Minuchin) than others. In this study, all three raters considered the communication patterns of Family 3 to be pathological. However, Family 4, the other suicidal subject family, was viewed by rater B as no more dysfunctional than Family 2, a non-suicidal family.

The conceptual model of the suicidal family indicated that maternal ambiguity or rejection would be apparent in the high proportion of rejecting and disconfirming communication. Unfortunately, the lack of transcripts, specifically recording both verbal and non-verbal behavior, made evaluation on this criterion impossible.

It was predicted that the mother in the suicidal family would be coldly domineering; the father passive and peripheral. The raters agreed on such a characterization of the mother in Family 3 but not in Family 4. The father in Family 4 impressed two of the three raters as indeed peripheral but both of those raters knew that Family 4 was a suicidal family.

The emotional distance between the family members, which the conceptual model had anticipated, was noted by all three raters especially in their evaluation of Family 3. So, too, was the pervasive sense of joylessness; of being together out of necessity and of deriving no pleasure from each others' company.

The absence of the father and additional children in Family 3 and the absence of male children in Family 4 made it impossible to come to any conclusion regarding the strength of the parental coalition and the presence or absence of parent-child coalitions or scapegoated children. However, the raters were of the opinion that the daughter in Family 3 and one daughter in Family 4 did not occupy positions of favour in their respective families.

In some respects, the conceptual model of the suicidal family was supported. In several others, the limitations of this study, made assessment impossible. There was, however, no behavior of the subject families which, in the opinion of any of the raters, directly conflicted with that predicted by the conceptual model. I believe that this study provided sufficient support of the conceptual model of the suicidal family to justify its further exploration and refinement.

Improvements to This Study

In order to properly test and refine the
conceptual model, presented in this thesis, of the
suicidal family, a much larger study would need to be
undertaken. Ideally, the sample of suicidal subject
families should be more representative both in the
range of adolescent suicidal behaviors represented as
well as in the composition of the families
themselves. The inclusion of single-parent, blended,
and immigrant families could only strengthen the
study's conclusions. The non-suicidal sample should
be similarly representative.

All three raters in this study expressed the
wish that they had a longer and more varied sampling
of each family's interactions. It is hard to argue
against quantity. It would be possible, and indeed
desirable, to bolster the impact of the results of
the Family Task, in a larger experiment, with
questionnaires and/or structured interviews, as long
as the investigations could insure that therapy would
be provided, as a protective measure, to all suicidal
subject families.

The necessity of detailed transcripts to
accompany the videotapes has already been discussed.
The transcripts would have to identify each speaker

as well as provide a record of all non-verbal behavior. In a large subject family, several observers would be needed to prepare such a comprehensive transcript.

The raters in this study had a similar knowledge and experience and that commonality is reflected in their observations. A greater range and depth of analysis might result from using a more diverse group of raters.

The major obstacle to be overcome if research into the interactions of suicidal families is to be pursued, is the great difficulty in obtaining subjects. Until the attitude of society, toward such families, changes from condemnation to compassion, persuading families, which are already smarting from the painful probing of psychotherapy, to submit themselves to yet more examination, will be challenging indeed. Nevertheless, if we want to increase our effectiveness, as mental health professionals, in predicting, preventing, and treating adolescent suicidal behavior, the problem of attracting suitable subject families is one which must be solved.

In Chapter 1 of this study, certain issues pertaining to suicidal families were raised. Do the members of suicidal, schizophrenic, and anorectic families interact in similar ways? Does suicidal behavior serve an adaptive function in such families? The conceputal model, advanced in this study, of the suicidal family suggested that, as in schizophrenic and anorectic families, each member's attempted definition of the relationship is either rejected or disconfirmed. Caught up in a pattern of incongruent communication and unable and/or unwilling to escape the family system, it is further suggested that the adolescent might decide to leave the field through self-destruction rather than through madness or refusal to eat.

In some families, an adolescent's attempted suicide will at least temporarily unite family members in a common concern. If such a family receives the necessary counselling to improve the family system, the adolescent's suicide attempt might appear almost beneficial. However, flirting with self-destruction is a dangerous solution to family problems. Some adolescents are permanently disabled or even killed by botched suicide attempts. The guilt, anger, and sorrow resulting from such suicides

can have serious repercussions for an already troubled family. How much better it would be if suicidal families could be so assessed and counselled before any attempts at suicide were made.

Perhaps the lure of family research is that we have all been affected by experiencing a family, a phenomenon which takes a lifetime to fully comprehend. The more we think we know about family interactions, the more questions which remain to be answered. To mangle an old Irish joke, we can say as we observe the family that we know that it works in practice, but does it really work in theory?

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APPENDIX 1

USE OF THE TERM "SUICIDAL FAMILY"

It is, of course, misleading, as Jackson
(1977-a) comments, to label an entire family
schizophrenic, anorectic, or suicidal since the
implication is that every member has been so
diagnosed. Furthermore, such psychiatric labels
reflect a linear, individually-oriented way of
thinking. The identified patient has experienced
delusions, hallucinations, and nonsensical speech.
Therefore, he has probably satisfied the criteria for
a diagnosis of schizophrenia. Such a label could not
logically be applied to the patient's family system.
If the expression "schizophrenic family" is intended
to implicate all family members in the patient's
disorder, the term is not linguistically capable of
such an expansion and is therefore disceptive. The
language of individual psychology is, unfortunately,
ill-suited for the needs of a family perspective.
     Minuchin, Rosman, and Baker (1978) grappled
with this inadequacy when they decided on the term
"anorectic" rather than "anorexogenic" family.

We are attempting to describe the
interpersonal transactions that
organize the behavior of family members
in dysfunctional patterns - the
feedback circularity by which family
members constrain each other. We are
attempting to describe the multiple
determination of symptoms, and the
symptoms carried by different members.
We are attempting to describe the
identified patient as an active
participant in a process in which there
are no victimizers or victims, only
family members involved in the small
details of everyday living (p.51).

Although neither "anorectic" nor "anorexogenic" was
the logically correct term, Minuchin et al. settled
on "anorectic" because it better conveyed the idea
that the identified patient was only showing the
symptomatic behavior of a disorder which permeated
the entire family system. Each family member
participated in that disorder and therefore, the
family as a whole must bear the label and not just
the patient with the recognizably desirable

behavior. It is a common practice among interactionists to refer to the families of schizophrenics and anorectics as schizophrenic and anorectic families. For these reasons, I have adopted the term "suicidal family" in this study in preference to either "suicidogenic family" or the family of the suicide.

WILTWYCK FAMILY TASK

Recorded Instructions:

1. Suppose all of you had to work out a menu for
    dinner tonight and would all like to have your
    favorite foods for dinner, but you can only have
    one meat, two vegetables, one drink, and one
    dessert. Talk together about it, but you must
    decide on one meal you would all enjoy that has
    one meat, two vegetables, one drink, and one
    dessert. Remember, you must end up agreeing on
    just one meal that everyone would enjoy. Okay,
    turn off the machine and go ahead.

2. Here is something else for you to figure out
    together. In every family different people have
    different ways about them. How about in your
    family: who's the most bossy, the biggest
    trouble-maker, the one who gets away with murder,
    the one who fights the most, the biggest
    crybaby? Now, suppose you talk about it together
    and decide who in your family is the most this
    way: which one is the most bossy, who is the

biggest trouble-maker, which one gets away with murder, which one fights the most, and who is the biggest crybaby? Just talk about as many of these as you can remember. Now, turn off the machine and go ahead.

3. Now, in every family things happen that cause a fuss now and then. Discuss and talk together about an argument you had, a fight or argument at home that you can remember. Talk together about it, like what started it, who was in on it, and what went on, and also how it turned out in the end. See if you can remember what it was all about. Take your time. Turn off the machine and go ahead.

4. Let's make believe. Let's make believe that somebody gave the family $10 to spend together, but there's one thing: all of you must agree on how it should be spent, what you will do with it so everyone is satisfied. Talk it over and decide together how you would spend the $10 so that all of you agree on it. Turn off the machine and go ahead.

5. For this one, each of you tell about the things
    everyone does in the family: the things that
    please you the most and make you feel good, and
    also the things each one does that make you
    unhappy or mad. Everyone try to give his own
    ideas about this. You may turn off the machine
    and go ahead.

6. We have something we want you to build together.
    We have one made up for you to copy from. There
    are enough pieces for you to put it together.
    The model you will copy from is on the table.
    Use the pieces in the box next to it to build
    your copy from. You can work on the table.
    Remember, it's for the whole family to work on
    together. Okay, turn off the machine and go
    ahead.

    The last and sixth instruction on the tape
    machine is the performance task, wherein the
    family is given the assignment of reassembling an
    asymmetric construction of wooden pieces. We
    used Creative Playthings Inc. Asymmetric Space
    Construction Kit A812 with 25 pieces for the
    whole family to reassemble. We now feel that a

better procedure would be to divide the pieces of wood among the members of the group and then ask them to proceed with the construction of the model.

Two additional "implicit" tasks were employed:

7. Task around gift selection. When the above assignments had been carried out by the family members, the psychologist re-entered the room and after commenting about the constructed block model and the refreshments, offered the family a selection of three gifts from which they could choose only one. The psychologist then left the room, leaving the three gifts. These presents were selected specifically for each family and included a group game like Bingo or checkers; a game that only one child could play at at time; and another than was for an older or a younger child, or a girl's or boy's game. The gifts cost approximately $1 to $1.50 each, and were selected on the basis of the family grouping.

8. Task around nurturance. Refreshments were offered to the family as a means of testing

nurturance interaction under different
conditions. One cupcake more and one bottle of
soda and drinking cup less than the number of
members present were provided. This situation
made possible the observation of interaction
around cooperation and competition with regard to
the distribution of food.

FAMILY TASK USED FOR ANORECTIC FAMILIES

Recorded Instructions:

1. Suppose all of you had to work out a menu for
    dinner tonight. You would all like to have your
    favorite foods for dinner, but in putting this
    menu together you can have only one meat, two
    vegetables, one drink, and one dessert. We'd
    like you to talk together. Remember, it can only
    have one meat, two vegetables, one drink and one
    dessert. You must end up agreeing on this one
    meal that everyone will enjoy. All right now,
    turn off the machine and go ahead with your
    discussion. When you're ready to go on to the
    next question, turn on the machine once again
    please.

2. All right now, we're ready for the next
    question. In every family things happen that
    cause a fuss now and then. We'd like you to
    discuss and talk together about an argument
    you've had, a fight or argument at home that you

can remember. We'd like you to talk together about it. You can cover what started it, who was in on it, what went on, and how it turned out. See if you can remember what it was all about. We'd like you to take your time and discuss it at length. You can turn off the machine and go ahead.

3. We're ready now for the next question. For this one, we'd like each of you to tell about the things everyone does in the family: the things that please you the most and make you feel good but also the things each one does that make you unhappy or mad. Everyone try to give his or her own ideas about this. You can go ahead and turn off the machine now.

4. Here is the next question. On the table you will find a folder with two picture cards in it. Each of these pictures shows a family scene. We'd like you to make up a story together about each of the pictures. We'd like you to tell what is happening in the picture, what you think led up to this scene, and what the people are thinking and feeling. Then make up an ending for the

story. First make up a story for the picture,
and when you're finished with that, make up a
story for picture two. Remember, discuss the
pictures and make up the stories together. You
may now turn off the tape recorder and go ahead.

5. We are now ready for the last question. We have
something we want you to make together. On the
easel we have made a model for you to copy. In
the folder in front of you there are enough
pieces for you to put it together. The pieces
are divided into bunches. There is one bunch for
each of you to start with. Make your copy on the
table and stay seated. Remember, it's for the
whole family to work on together. We're now
ready; you may turn off the machine and go ahead
with your model.

Preparation:

1. Family members are asked to seat themselves as
they wish at the table as long as all are facing
the camera, full or profile.

Explain the mechanical use of the tape recorder, how to turn on the play button, how to stop it, etc. MAKE SURE YOU LOOK AT ALL FAMILY MEMBERS WHEN EXPLAINING.

"First listen to the direction for the first thing to do. After you have finished the first task, go on to the second, and so on. Any questions?"

The experimenter leaves the room.

3. If the discussion for task nos. 2 or 3 lasts excessively long and seems interminable, as will happen on occasion, go in and suggest that the family proceed to the next item. In these cases the task has usually been more or less completed, but the discussion goes ruminatively on and on.

4. If for the last task the family does not grasp about copying the model and starts making up their own creation, you may go in and tell them to copy the model. Give them a couple of minutes first, because sometimes someone from the family

will call this problem to the attention of the others and then they will shift to copy the model. However, if it is clear there is no internal disagreement about the task and everyone has the wrong idea, or the one who thinks that they should make his own version "wins", then you can go in and set them straight.

APPENDIX 4

CONSENT

We agree to participate in the family study as described and conducted by Mrs. J.B. Dumont.

We understand that our Family Task Session will be recorded on videotape and that the tape will be erased following the completion of this study. In exchange, we understand that we will be allowed to view the videotape of our Family Task Session. It is further agreed that we will not be identified by name and that the confidentiality of the information will be maintained beyond those people directly involved in this research study.

Signed:_____

_____

_____

_____

Witnessed:_____

DATED this _____ day of _____

Edmonton, Alberta

APPENDIX 5

FAMILY TASK

1.   Plan a meal together that all of you would
       enjoy. It should contain one meat, two
       vegetables, and a dessert.

1A.   Discuss what you would do together with $40
       so that everyone would have a good time.

2.   Discuss a recent family argument: who
       started it, what went on, and how it was
       resolved.

2A.   Discuss who in the family is the most bossy,
       the biggest trouble-maker, the one who
       fights the most, and the biggest cry-baby.